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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) <b>59097(30471)</b>	
Application Number <b>09/55,204-Conf. #4830</b>		Filed      January 4, 2001	
<b>METHOD FOR CLONING ANIMALS WITH TARGETED GENETIC ALTERATIONS BY TRANSFER OF LONG-TERM CULTURED MALE OR FEMALE SOMATIC CELL NUCLEI, COMPRISING ARTIFICIALLY-INDUCED GENETIC ALTERATIONS, TO ENUCLEATED RECIPIENT CELLS</b>			
Art Unit <b>1632</b>		Examiner      J. T. Weitach	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$120 \$450 \$1020 \$1590 \$2160	\$80 \$225 \$510 \$795 \$1080	\$ \$ 225.00 \$ \$ \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>04-1105</u> I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>33,928</u>			
<u>Barbara S. Kitchell</u> Signature		<u>April 15, 2005</u> Date	
00000013 041105 007 <u>Barbara S. Kitchell</u> Typed or printed name		<u>(203) 353-6848</u> Telephone Number	

25. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 672-8308, on the date shown below.

**Dated: April 15, 2005**

Signature: [Signature] (Lori Giuffrida)